

Commonwealth of Virginia

ABSENTEE BALLOT APPLICATION

A SEPARATE FORM MUST BE SUBMITTED FOR EACH PERSON FOR EACH ELECTION

☐ I am a registered voter in the County/City of _____
I am applying to vote by absentee ballot in the following election ...
☐ General or Special or ☐ Democratic Primary or ☐ Republican Primary
to be held on _____, 20____

OFFICE USE ONLY Appl. No. _____

PCT _____ DIST _____

Date Received _____

☐ In Person ☐ In Person - Ballot to be Mailed

☐ By Mail ☐ By Fax ☐ Other

Application Accepted ☐ YES ☐ NO


Reason Denied _____

Reviewed By _____


BALLOTS MAILED ONLY IF PARTS A THROUGH E ARE COMPLETED. MAXIMUM PENALTY FOR ANY FALSE STATEMENT: \$2500 FINE AND/OR 10 YRS IN JAIL.

PART A *I expect to be absent on election day or I cannot go to the polls because: [Check one box only in Part A. Provide required information.]*
EXCEPTION: "FIRST TIME VOTERS IN VIRGINIA" who registered to vote by mail MAY VOTE BY MAIL ONLY IF the reason code in Part A is 1A, 2A, 6A, 6B or 6D.

| | |
|--|--|
| STUDENT 1A <input type="checkbox"/> I am a student attending ... <u>OR</u> 1B <input type="checkbox"/> I am the spouse of a student attending ... _____ Name & Address of School [Required for 1A & 1B] | CARE GIVER 2B <input type="checkbox"/> I am the primary care giver for a family member whose name is _____ [Required] and whose illness or disability is _____ [Required] |
| BUSINESS 1C <input type="checkbox"/> I will be absent on business _____ Name of Employer or Business [Required] | CONFINEMENT 3A <input type="checkbox"/> I am confined, awaiting trial, <i>OR</i> 3B <input type="checkbox"/> I am confined, having been convicted of a misdemeanor, in ... _____ Place of Confinement & Address [Required for 3A & 3B] |
| PERSONAL BUSINESS OR VACATION 1D <input type="checkbox"/> I will be traveling on personal business or vacation _____ Place of Travel [Required] | ELECTION OFFICIAL 4A <input type="checkbox"/> I am an Electoral Board member, a Registrar, an Officer of Election, or a custodian of voting equipment |
| WORKING AND COMMUTING TO AND FROM HOME FOR 11 OR MORE HOURS BETWEEN 6:00 AM AND 7:00 PM 1E <input type="checkbox"/> I will be working and commuting on election day From _____ AM to _____ PM [Required] _____ Name of Employer or Business [Required] _____ Address of Employer or Business [Required] | RELIGION 5A <input type="checkbox"/> I have a religious obligation _____ Religion & Nature of Obligation [Required] |
| DISABILITY OR ILLNESS 2A <input type="checkbox"/> I have a physical disability or illness _____ Nature of Physical Disability or Illness [Required] | U.S. UNIFORMED SERVICES 6A <input type="checkbox"/> I am on active duty in the Merchant Marine or Armed Forces, <i>OR</i> 6B <input type="checkbox"/> I am the spouse or a dependent residing with the above (6A) _____ Branch of Service, Rank, Grade or Rate, Service ID No. [Required for 6A & 6B] |
| | TEMPORARILY RESIDING OUTSIDE U.S. 6D <input type="checkbox"/> I am temporarily residing outside the continental limits of the U.S. _____ Last date of residence in Virginia (ONLY REQUIRED if your residence is no longer available to you) |

PART B **Ballot can be mailed only to:**
 - Address where you are registered, *or*
- Address while absent from county/city
The ballot cannot be sent "in care of"

See Absentee Voting IN PERSON on reverse side and where ballot can be mailed information at left.
I am voting BY MAIL. Send the ballot to me at this address ...

PART C  **Assistance:** I will need help in marking my ballot ...
because of a physical disability, blindness, or an inability to read or write. ☐ Yes ☐ No
[If Yes, a required form is sent with the ballot]

PART D **Absentee Voter's Statement** **REQUIRED**

I declare, under penalty of law, that ...

- The facts contained in this application are true and correct to the best of my knowledge
- I have not and will not vote in this election at any other place in Virginia or other state

Full Name of Absentee Voter * [Print]

Legal Virginia Residence Address *

City/Town Zip

Social Security Number (SSN) Area Code Daytime Phone

Signature of Applicant Date

PART E **Assistant's Statement** **REQUIRED ONLY IIF VOTER CANNOT SIGN OR WRITE DUE TO REASONS STATED IN PART C**

I declare, under penalty of law, that

- I have written on applicant's signature line: "Applicant Unable to Sign"
- I have signed and provided requested information below

Full Name of Witness [Print]

Address of Witness

City/Town Zip

Signature of Assistant [18 or older]

INSTRUCTIONS: APPLICATION FOR ABSENTEE BALLOT

§§24.2-700 and 24.2-701, Code of Virginia

Complete all required information in Parts A - E, and Part F, if applicable. *Otherwise, your application cannot be processed.*

EXCEPTION: "FIRST TIME VOTERS IN VIRGINIA" who registered to vote by mail MAY VOTE BY MAIL ONLY IF the reason code in Part A is 1A, 2A, 6A, 6B or 6D.

Top of Form

- Complete the information at the top. You must . . .
 - be a registered voter in the locality where you are applying
 - identify the election in which you are applying

Part A

- Check only one reason for applying to vote.
- Enter the required information to support the reason.
[This information is required by state law.]

Part B

- Print the address where your absentee ballot is to be sent, if voting by mail. [Note the restrictions in the left-hand box.]

Part C

- Indicate if assistance, from another person, will be needed to vote the ballot. If *Yes* is checked, an ASSISTANCE form will be sent with the absentee ballot. The form, to be returned with the ballot, provides a legal safeguard for the voter and the assistant.

Part D

- Absentee Voter: Read the Statement in Part D. Then, print your full name, current LEGAL resident address, social security and telephone number. SIGN YOUR NAME.

NOTE: No witness is required to be present when you sign. A signature, based on "use of a power of attorney", CANNOT be accepted. [Also see Part E below.]

Part E

- Assistant: IF THE ABSENTEE VOTER IS UNABLE TO SIGN his/her name and complete the information in Part D due to a physical or educational disability, write on the voter's signature line: "Applicant Unable to Sign." Then, print the voter's full name, residence address, social security and telephone number. Sign Part E.

Part F

- To remain a qualified voter, state law requires you to notify the General Registrar of a change in your name or address. Print any new information in Part F and sign your name. [The change will not be effective during the 28 days before a general or primary election.]

ATTENTION VOTERS:

- ➡ Apply early! Allow enough time for your application to be processed and your ballot to be mailed to you. Your voted ballot must be received by your Electoral Board in time to be counted on election day.
- ➡ In the next column, please provide your e-mail address, if you have one.
- ➡ Also in the next column, please provide your fax number, if you have one.

ATTENTION MILITARY & OVERSEAS VOTERS

You are encouraged to use the Federal Post Card Application (FPCA) which also serves as a voter registration application. For the form and information visit the following website: WWW.FVAP.GOV

THIS INFORMATION WILL ENABLE YOUR GENERAL REGISTRAR TO CONTACT YOU, IF NECESSARY.

ENTER YOUR E-MAIL ADDRESS BELOW

ENTER YOUR FAX NUMBER BELOW

FOR THE LATEST
ELECTION INFORMATION
Visit the state website:
WWW.SBE.STATE.VA.US

PLACE YOUR APPLICATION IN AN ENVELOPE AND MAIL TO:

**GENERAL REGISTRAR
COUNTY OF FAIRFAX
12000 GOVERNMENT CENTER PKWY
SUITE 323
FAIRFAX, VA 22035**

OR FAX YOUR APPLICATION TO:

703-324-3725

PART F

CHANGE OF NAME OR ADDRESS

Full Name

IF NAME CHANGED, Former Full Name

NEW Virginia Residence Address

Apartment, Suite or Lot No.

DATE MOVED FROM OLD ADDRESS

City or Town

State

Zip

New Mailing Address [If different from the third line above]

OLD Virginia Residence Address

City or Town

State

Zip

Signature

Social Security Number

Absentee Voting Deadlines

▶ ABSENTEE VOTING *BY MAIL* . .

Application must be received in the Registrar's Office by the close of business on the Thursday before election day

Ballots will be mailed upon receipt of this application

▶ ABSENTEE VOTING *IN PERSON* . .

Absentee Voting Begins:

- 45 days (approx.) before a November election
 - 30 days (approx.) before other elections
- If your application is made at least 5 days before election day, you can have ballot mailed to you.

Absentee Voting Ends:

- 5:00 p.m. on the Saturday before election day